

OMB No. 2040-0004

MAJOR

(SUBRE)

F- FINAL

TREATED SANITARY WASTEWATER

NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
LC50 STAT 48HR ACU M ENID/A	SAMPLE MEASUREMENT	*****	*****	*****	>100	*****	*****	%	0	01/90				
TAA6B 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MIN	*****	*****	P <small>E</small> R-C <small>E</small> N T		FOUR / YEAR	COMP 24			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.												
TERESA O'CALLAGHAN James Dow, Chief Facility Manager														
TYPED OR PRINTED														
COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE		TELEPHONE NUMBER		DATE	
									781		925-1207		14 09 12	

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH
WET DATA ON DMR 001B